

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029748

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

338

Primary Registration District No.

4501

Registrar's No.

21

FILED JUL 19 1962

1. PLACE OF DEATH

a. COUNTY

STODDARD

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BLOOMFIELD

Length of stay in 1b
YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY STODDARD

c. CITY OR TOWN BLOOMFIELD

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION At family home

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

DENZIL

Middle

BERT

Last

PARMENTER

4. DATE OF DEATH

Month

JULY 12, 1962

Day

Year

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/22/1895

9. AGE (last birthday)
66

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED STORE EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY
Grocery Store

11. BIRTHPLACE (City and state or country)
JACKSON, MISSOURI

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOHN R. PARMENTER

13b. MOTHER'S MAIDEN NAME

LOUISA HITT

14. NAME OF HUSBAND OR WIFE

CONNIE PARMENTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Connie Parmenter, Bloomfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

No medical attendant

INTERVAL BETWEEN ONSET AND DEATH
sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Investigation made by coroner and no evidence of foul play found

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at Approx. 10:30 A. M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Local Registrar Bloomfield

22c. DATE SIGNED

7-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7/14/1962

23c. NAME OF CEMETERY OR CREMATORY

NORTH ANTIOCH

23d. LOCATION (City, town, or county)

BLOOMFIELD, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

CHILES UND. CO., BLOOMFIELD, MO.

25. DATE RECD. BY LOCAL REG.

July 14, 1962

26. REGISTRAR'S SIGNATURE

David S. Leggett

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 10:30

2 10:30

3

4 0

5 1

6

7 0

8 2

9 7955

10

11

12 90-8

13 1-0

JUL 24 1962

SEP 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Swan C. Cooper

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.